

I. TO BE FILLED OUT BY PERSON WHO RECEIVES THE FILE REVIEW REQUEST

Request received by: PBC Date request made: _____Person(s) who wish
to review file(s)

Phone number

Representing

X William Holland(213) 670-9221X Moorh/Bol + Assoc

Purpose (if stated. Try to get, but if refuses to give, put "won't say"):

XSG.V. Cooperative Agreement
Files desired to be reviewed (name, number):XBDPMOMADNR

Appointment Requested For:

Recommended staff
contact (proctor)PBCDate February 13, 1991 Time 9:00Assistant Executive Officer
Approval & Date: _____

II. TO BE FILLED OUT BY STAFF CONTACT AFTER FINAL APPOINTMENT

Appointment Final

Date & Time: _____

Staff Contact Was _____

Staff time expended: _____

Noted by Supervisor _____

III. TO BE FILLED OUT BY STAFF CONTACT WHENEVER IN-HOUSE COPIES ARE REQUESTED

NOTE: NO MORE THAN 10 COPIES WILL BE MADE WITHOUT ADVANCE APPROVAL BY MANAGEMENT. FURTHERMORE, NO FILES ARE TO LEAVE THE OFFICE WITHOUT EXECUTIVE OFFICER OR ASSISTANT EXECUTIVE OFFICER APPROVAL -- TO LOOK IS NOT APPROVAL TO REMOVE FILES!!

No. of copies requested: _____

Management Approval: _____

In-house copies @ .10 each

a) In-house copies _____

Cost: \$ _____ Paid: _____

b) Copies by

Bonded

Blueprinter _____

If file(s) are to be taken from office

EXCEPT by bonded blueprinter, Executive Officer or Assistant Executive Officer

Approval _____